




Nebraska Department of Health and Human Services
Health Plan Advisory **No. 19-01**

DATE: January 14, 2019

TO: Nebraska Heritage Health Plans

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care 

BY: Lacie Ward, Administrator I, Plan Management

RE: Coverage Criteria for Treatment of Chronic Hepatitis C (CHC)

This health plan advisory is being issued to notify the Heritage Health plans of upcoming changes to the Coverage Criteria for Treatment of Chronic Hepatitis C (CHC) beginning January 1, 2019.

The criteria for coverage, as provided by the Nebraska Medicaid pharmacy benefit, is being revised to include a METAVIR fibrosis score of F2, in addition to F3 or F4. It is the prescriber's responsibility to submit the coverage criteria documentation to the health plan in which the member is enrolled.

The therapeutic classes of drugs that will be covered in Stage 2 will become part of the Nebraska Medicaid preferred drug list (PDL) on January 1, 2019. The Heritage Health plans will need to incorporate the new coverage criteria for Treatment of CHC to allow eligible members access to these treatments.

Refer to the following page for revised criteria for the coverage criteria for Treatment of CHC that will be required by providers seeking authorization.

Treatment will only be considered for members who are at greatest risk of progressing to cirrhosis or serious hepatic complications from Hepatitis C Virus:

- Fibrosis- Submit evidence of Stage 2, Stage 3 or Stage 4 hepatic fibrosis, including one of the following confirmatory tests:
- Liver biopsy confirming a METAVIR fibrosis score of F2, F3 or F4

Metavir Classification for Staging of Hepatitis C Liver Disease	Description
F0	No scarring.
F1	Minimal scarring.
F2	Scarring has occurred and extends outside the areas in the liver that contains blood vessels.
F3	Bridging fibrosis is spreading and connecting to other areas that contain fibrosis.
F4	Cirrhosis or advanced scarring of the liver.

OR

- Other diagnostic evaluation supporting hepatic fibrosis
 - Ultrasound-based transient elastography (Fibroscan) score ≥ 8.0 kPa
 - Evidence of any two of the following:
 - Fibrotest (Fibrosure) score ≥ 0.48
 - Fibrosis-4 Index (FIB-4) > 1.2
 - Aspartate aminotransferase/platelet ratio index (APRI) score > 0.49

OR

- Patients with hepatocellular carcinoma awaiting transplant
- Co-morbid conditions (HIV/AIDS, Hepatitis B, Insulin-resistant diabetes type 2)
- Severe extrahepatic complications such as cryoglobulinemia
- Other documentation of immediate need to treat

Additional criteria related to patient selection and readiness to treat will remain unchanged in the Nebraska Medicaid Hepatitis C Criteria. MLTC will release the finalized coverage criteria for Treatment of Chronic Hepatitis C (CHC) document, in its entirety, to the Health Plans once available.

If you have questions regarding this bulletin, please contact MLTC at: dhhs.MedicaidPharmacyunit@nebraska.gov. Health plans should also copy their contract manager.

Health Plan Advisories, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/medicaid/Pages/HealthPlanAdvisories.aspx>. The “Recent Web Updates” page will help you monitor changes to the Medicaid pages.